

**DECLARATION - USA PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name;

I believe I am one of the original, first and joint inventors (namely, James R. Braig, a United States citizen having a residence and mailing address at 280 Mountain Avenue, Piedmont, California 94611, Peter Rule, a United States citizen having a residence and mailing address at 24183 Hillview Road, Los Altos Hills, California 94024, Michael A. Munrow, a United States citizen having a residence and mailing address at 2718 Belmont Canyon Road, Belmont, California 94002, and Philip C. Hartstein, a United States citizen having a residence and mailing address at 171 Bryant St., Apt. G, Palo Alto, California 94301) of the subject matter which is claimed and for which a patent is sought on the invention entitled SYSTEM AND METHOD FOR MANAGING A CHRONIC MEDICAL CONDITION; the specification of which was filed on **April 15, 2004** as Application Serial No. **10/826,004**.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above;

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56;

I hereby claim the benefit under Title 35, United States Codes § 119(e) of any United States provisional applications listed below.

Application No.: 60/463,517
Application No.: 60/508,425

Filing Date: April 15, 2003
Filing Date: October 3, 2003

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful, false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first inventor: **James R. Braig**

Inventor's signature

Date

10-19-04

Residence: **280 Mountain Avenue, Piedmont, California 94611**

Citizenship: **US**

Mailing Address: **Same**

Send Correspondence To:
KNOBBE, MARTENS, OLSON & BEAR, LLP
Customer No. 20,995

ALL-PURPOSE ACKNOWLEDGEMENT



State of California

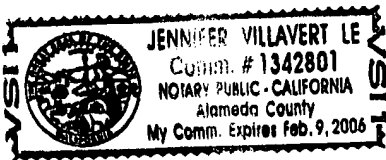
County of Alameda

SS.

On October 19, 2004 before me, Jennifer Villavert Le
(DATE) (NOTARY)

personally appeared James R. Braig
SIGNER(S)

- ☒ personally known to me - OR - ☐ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Jenif Villavert Le
NOTARY'S SIGNATURE

OPTIONAL INFORMATION

The information below is not required by law. However, it could prevent fraudulent attachment of this acknowledgement to an unauthorized document.

CAPACITY CLAIMED BY SIGNER (PRINCIPAL)

- ☐ INDIVIDUAL
☒ CORPORATE OFFICER

CTO

TITLE(S)

- ☐ PARTNER(S)
☐ ATTORNEY-IN-FACT
☐ TRUSTEE(S)
☐ GUARDIAN/CONSERVATOR
☐ OTHER: _____

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Declaration - USA Patent Appl.c.

TITLE OR TYPE OF DOCUMENT

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OF
SIGNER

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Full name of third inventor: **Michael A. Munrow**

Inventor's signature

Michael A. Munrow

Date

~~10/18/04~~ ^{MAM} 10/19/04

Residence: **2718 Belmont Canyon Road, Belmont, California 94002**

Citizenship: **US**

Mailing Address: **Same**

Send Correspondence To:

KNOBBE, MARTENS, OLSON & BEAR, LLP

Customer No. 20,995

ALL-PURPOSE ACKNOWLEDGEMENT



State of California

County of Alameda

On October 19, 2004 before me, Jennifer Villavert Le,
(DATE) (NOTARY)

personally appeared Michael J. Munrow
SIGNER(S)

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WITNESS my hand and official seal.

Jennifer Villavert Le
NOTARY'S SIGNATURE

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SIGNER

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Full name of second inventor: **Peter Rule**

Inventor's signature

Date

Oct. 19, 2004

Michelle Sauback
Subscribing witness
10/19/04

Residence: **24183 Hillview Road, Los Altos Hills, California 94024**

Citizenship: **US**

Mailing Address: **Same**

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Customer No. 20,995

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Full name of fourth inventor: **Philip C. Hartstein**

Inventor's signature

Date

Oct. 19, 2004

subscribing witness
10/19/04

Residence: **171 Bryant St., Apt. G, Palo Alto, California 94301**

Citizenship: **US**

Mailing Address: **Same**

Send Correspondence To:

KNOBBE, MARTENS, OLSON & BEAR, LLP

Customer No. 20,995

SUBSCRIBING WITNESS JURAT



State of California

County of Alameda

SS.

On Oct. 19, 2004, before me, the undersigned, a notary public for the state, personally

appeared Michelle Laubach, personally known to me ~~(or proved to~~

SUBSCRIBING WITNESS'S NAME

~~me on the oath of~~ _____, who is personally known to me) to

CREDIBLE WITNESS'S NAME

be the person whose name is subscribed to the within instrument, as a witness there to, who, being by me duly sworn, deposed and said that ~~he~~/she was present and

saw Philip Hartstein & Peter Rule the

NAME(S) OF PRINCIPAL(S)

same person(s) described in and whose name(s) ~~is~~/are subscribed to the within and annexed instrument in ~~his/her~~/their authorized capacity(ies) as ~~(a)~~ party(ies) thereto, execute the same, and that said affiant subscribed ~~his/her~~ name to the within instrument as a witness at the request of

Philip Hartstein & Peter Rule

NAME(S) OF PRINCIPAL(S)

WITNESS my hand and official seal.

Jennifer Villavert Le
NOTARY'S SIGNATURE



OPTIONAL INFORMATION

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